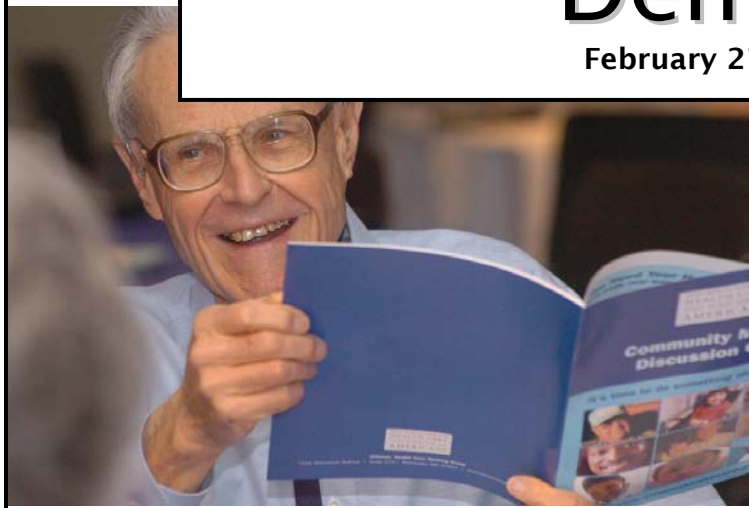




Denver

February 27, 2006



Citizens' Health Care Working Group

HEALTH CARE
THAT WORKS FOR ALL
AMERICANS

OVERVIEW

Participants at the Denver community meeting of the Citizens' Health Care Working Group – a crowd of more than 300 – found common ground on a number of issues, particularly about their desired to keep the conversation going and to reconvene in the future. Beyond their desire to remain 'plugged in', participants overwhelmingly supported the belief that it should be public policy that all Americans have affordable coverage – with nearly 93 percent supporting the concept.

Other discussions resulted in similar agreement, with nearly identical support for the creation of a basic benefits package – 95 percent approved of 'providing a defined level of services for everyone (either by expanding the current system or creating a new system). Along those lines, three-quarters felt that broad participation would improve the system and responded that everyone should be required to enroll in basic health care coverage - either private or public.

Throughout the meeting, participants strongly supported the creation of a national health insurance program financed by taxpayers. They also supported more direct involvement by consumers – particularly in providing more feedback to guide change and improving personal health by 'assuring personal responsibility with follow-through of treatment regimen'.

Similar to a number of other cities, participants in Denver had a difficult time in agreeing on any trade-offs within the health care system, opting instead for "trade-offs" involving external spending priorities.



**Citizens' Health Care Working Group
Community Meetings**



Kansas City, Missouri
Orlando, Florida
Baton Rouge, Louisiana
Memphis, Tennessee
Charlotte, North Carolina
Jackson, Mississippi
Seattle, Washington
Denver, Colorado
Los Angeles, California
Providence, Rhode Island
Miami, Florida
Indianapolis, Indiana
Detroit, Michigan
Albuquerque, New Mexico
Phoenix, Arizona
Daytona Beach, Florida
Upper Valley, New Hampshire
Hartford, Connecticut
Des Moines, Iowa
Philadelphia, Pennsylvania
Las Vegas, Nevada
Eugene, Oregon
Sacramento, California
Billings, Montana
San Antonio, Texas
Fargo, North Dakota
New York, New York
Lexington, Kentucky
Little Rock, Arkansas
Cincinnati, Ohio
Sioux Falls, South Dakota
Salt Lake City, Utah

SESSION FINDINGS

Almost all participants believed that the U.S. health care system had major problems (28 percent) or was in a state of crisis (69 percent). Seventy-one percent believed the principal reason for health insurance was to protect against high costs, while 28 percent believed its purpose was to cover everyday medical expenses.

Values

The three most important attributes for “health care that works for all Americans” identified by the group were that it should be universal, equally accessible and wellness-based. Affordability was also of concern. The vast majority of attendees (93 percent) believed it should be public policy that all Americans have affordable health care coverage.

Benefits

“Money shouldn’t be the basis for access.”

“Dividing people by groups perpetuates a splintered system.”

Almost all participants (95 percent) believed providing a defined level of services for everyone was preferable to categorical coverage as is the current system. There was major support for basic services that would be “universal and lifelong.” This was coupled with a strong emphasis on prevention and palliative care, with one participant noting the need for a catastrophic safety net. One participant stated that a major reason for preferring a defined level of services is that categorical coverage is not working. The need to manage expectations about a defined level of services was expressed, as well as the need to focus on the content of care and not the particular type of health care provider who delivered it.

When asked to identify additional benefits that might be added to the prototype benefit package, a long list of candidates emerged. These included specialty care, comprehensive dental care, eye care and hearing aids, comprehensive wellness and prevention services, education and nutrition, acupuncture and alternative modalities, chronic care and case management, long term care, hospice and palliative care at the end of life and assisted suicide. One person noted that expanding the benefits package by adding many additional services called into question what constituted a “basic” set of services.

When asked about reducing the benefits package, one person noted to rowdy disagreement from several participants that there was no evidence-base for providing chiropractic services. One participant questioned covering certain prevention services, for example certain preventive screenings of unproven value. Another person proposed removing prescription drugs from the basic package, but the sense of the meeting was that this should not be done.

When deciding who should determine the contents of a basic benefits package, participants put the most confidence in consumers and medical professionals, followed by government, first Federal and then state and local. Nearly half (43.5 percent) said there should be no input from insurance companies in determining a basic benefits package.

Getting Health Care

Problems getting health care revolved around affordability, access and system complexity. The high costs of prescription drugs and coverage for the self-employed and those with pre-existing conditions were noted. The problem of parents who earned too much to qualify for State Children's Health Insurance Program coverage but not enough to purchase insurance to cover their children was also discussed. A range of access issues were noted including coverage limitations; lack of providers in rural areas; network inadequacy including too few specialists, in particular for mental health conditions and abortion; physicians who would not take certain groups; lack of payment for telehealth services; and language and cultural issues. Care coordination issues included difficulties with case management, lack of information and caring for elderly relatives. The system described as the "labyrinthine scheme of Medicare and Medicaid" was hard to navigate by or on behalf of elderly patients.

The wish list of attributes attendees would like to see in health care delivery included coordinated timely care; cradle to grave access; simplicity; a reliable source for health education and information; decisions driven by patient needs instead of costs, incentives for provider performance and transparency in the system. Two attributes that seemed to resonate especially well with participants were treating "the whole person, not a bundle of symptoms" and making available to all the same level of care as to elected Federal officials. One person observed that it was difficult to respond to questions because of the nature of the current system - "the system now is the problem."

Financing

The group split over whether everyone should be required to enroll in basic health care coverage with three-quarters endorsing the concept and one quarter opposing. Those who supported the idea believed that "At some level, everyone has a responsibility," although concerns were expressed about "equitable payment into the pot" and how that could be determined. Some liked the idea of a pool but had trouble with words like "enroll" or "require." The question of illegal immigrants was raised. One person raised the military health coverage system TRICARE as a possible model while another saw TRICARE to be "a dismal failure." Most of those who opposed an individual enrollment mandate appeared to be in agreement with the man who said, "My enrollment should be my birth certificate."

What should the responsibilities of individuals and families be in paying for health care?

- Everyone participates in the system to the level they can
- Make informed choices
- Be responsible for your own health care decisions (be willing to pay more for irresponsible decisions)
- Be involved in decision on how much is being paid for care
- Partnership with providers
- Good health practices
- Wise use of medical system
- Every pays something, everybody gets something
- Pay more out-of-pocket expenses for controllable diseases (e.g. alcoholism)
- Be more willing to accept the inevitable (end-of-life costs)
- Provide more feedback to guide reform/change
- Assure personal responsibility with follow-through of treatment regimen

Two thirds of attendees believed that some people should pay more for coverage than others. Income and to a much lesser degree health behaviors were the criteria chosen to be used if different levels of payment were required. People objected to this question, stating that a combination of factors should be used in determining how costs should differ.

The majority of attendees (62 percent) believed that current tax rules encouraging employers to provide health insurance should not be continued. Their views were based on a belief that a major overhaul of the health care system was in order. A typical comment from these attendees was, "I feel very strongly that there is a problem with this question. Access to care should not be tied to insurance coverage." For those who supported retention of these tax rules, there was a belief that they should continue but needed to be applied fairly; that small businesses needed additional incentives and that such rules should remain until a new system was firmly in place.

One participant, a former State Senator, argued that Health Savings Accounts (HSAs) were a way to shift power from insurance companies to people. Attendees were divided on this issue, with more expressing skepticism of HSAs.

The most important responsibilities for individuals and families in paying for health care were providing more feedback to policy-makers to guide reform and change; following through on treatment regimens; engaging in good health practices and being active partners with their health care providers.

Roughly four fifths of attendees were willing to pay more to support efforts leading to affordable health care coverage for all Americans. Roughly one quarter was willing to pay as much as \$1,000 a year or more.

The highest priority for public spending noted by this audience, substantially higher than any other, was guaranteeing that all Americans have access to health insurance.

Tradeoffs and Options

Although many resisted the idea of trade-offs, participants identified several including: limiting liability in medical malpractice in exchange for lower costs, providing care through lower cost health professionals such as nurse mid-wives, providing less end of life care in exchange for lower costs and exchanging insurance company involvement for more self-management. The proposal participants rated most highly for ensuring access to affordable high quality coverage was creating a national health insurance program, financed by tax payers through which all Americans would get their insurance. There was also strong support for expanding neighborhood clinics, opening up enrollment in national federal programs like Medicare or the Federal Employees Health Benefits Program and requiring all Americans enroll in basic health care coverage.

At the end of the meeting, some participants wanted to keep the conversation going, both among those participating at this meeting and others.

METHODOLOGY

Participants at the meeting sat at tables of eight to ten people, each with a volunteer facilitator. The meeting format was a mix of table-level discussion, reporting table findings to the full group, quick surveys using electronic keypads and full group discussion sessions. Main points from the table discussions were called-out to the full group and displayed on a screen. Participants answered questions and ranked choices using keypads after which the results were displayed. Findings from these polls formed the basis for full group discussion. Complete polling data from this meeting is available in the Data section of this report and online at www.citizenshealthcare.gov

PARTICIPATION

An overflow crowd attended the Citizens' Health Care Working Group Denver meeting at the Colorado History Museum. Attendance was the largest of meetings held to date. The over 300 attendees made for a high-volume, animated meeting.

Therese Hughes represented the Working Group at this meeting. She emphasized that attendees' ability to participate in a meeting was a luxury and encouraged participants to get the word out to others who were unable to attend.

Senator Ken Salazar and Congressman Mark Udall each made brief remarks. Senator Salazar spoke about the 800,000 uninsured Coloradans and the 70 percent increase in insurance premiums between 2000 and 2005. He stated that "Washington has been asleep for far too long; it's time to wake up," but acknowledged that it was easier to say something needs to be done than to determine what it should be. He drew attention to the McCain-Salazar bill which would create a National Health Care Commission and could build on the work of the Working Group. Congressman Udall noted that the American spirit of voluntarism observed by Alexis de Tocqueville in the nineteenth century was alive and well in the meeting room. He made clear his support for "cradle to grave" health care, arguing that this could be framed as a component of national security. He also voiced his support for new technology.

Meeting attendees were predominately female (64 percent) and between the ages of 45 and 64 (61 percent). Eighty-five percent of attendees were white. Eight percent identified themselves as Hispanic/Latino. As has been the case at other meetings, attendees were well educated, 28 percent held a bachelor's degree and 48 percent had even higher levels of education. Two thirds of the audience had employer-sponsored health insurance and an additional 10 percent had self-purchased insurance. Eleven percent received Medicare benefits.

DATA

Are you male or female?

35.8%	1	Male
64.2%	2	Female

How old are you?

4.0%	1	Under 25
24.5%	2	25 to 44
61.0%	3	45 to 64
10.4%	4	Over 65

Are you Hispanic or Latino?

8.3%	1	Yes
87.1%	2	No
4.6%	3	No Response

Which of these groups best represents your race?

85.4%	1	White
3.9%	2	Black or African American
2.1%	3	Asian
0.0%	4	Native Hawaiian or Pacific Islander
1.3%	5	American Indian or Alaska Native
3.0%	6	Other
4.3%	7	Decline to answer

What is the highest grade or year of school you completed?

0.4%	1	Elementary (grades 1 to 8)
2.6%	2	Some high school
5.5%	3	High school graduate or GED
11.1%	4	Some college
4.7%	5	Associate Degree
27.7%	6	Bachelor's Degree
47.7%	7	Graduate or professional degree
0.4%	8	Decline to answer

What is your primary source of health care coverage?

66.2%	1	Employer-based insurance
9.5%	2	Self-purchased insurance
1.7%	3	Veterans'
10.8%	4	Medicare
1.7%	5	Medicaid
5.2%	6	Other
4.8%	7	None
0.0%	8	Not sure

What is your employment status?

19.0%	1	Self-employed
44.3%	2	Employed - working full time
11.4%	3	Employed - working part-time

2.5%	4	Not employed / currently looking for work
1.7%	5	Homemaker
21.1%	6	Other

Which one of these statements do you think best describes the U.S. health care system today?

69.1%	1	It is in a state of crisis
27.9%	2	It has major problems
1.7%	3	It has minor problems
0.9%	4	It does not have any problems
0.4%	5	No opinion

Which one of the following do you think is the MOST important reason to have health insurance?

28.0%	1	To pay for everyday medical expenses
71.1%	2	To protect against high medical costs
0.9%	3	No opinion

As we consider ways to improve our health care system, what values and/or principles do you believe are fundamental? And which of the following values/principles is most important to you?

4.3%	1	Accountability
12.2%	2	Affordability
17.0%	3	Equal access
1.3%	4	Treating patients with dignity
6.1%	5	Cradle to grave
27.0%	6	Universal
15.7%	7	Wellness-based
7.8%	8	Access to minimum levels for all
3.5%	9	Simplicity
5.2%	10	Blend of individual and public responsibility

Should it be public policy that all Americans have affordable health care coverage? [By public policy we mean that the stated public goal is set out in federal or state law.]

92.9%	1	Yes
7.1%	2	No

Which of the following statements most accurately represents your views?

5.0%	1	Providing coverage for particular groups of people (e.g. employees, elderly, low-income, etc.) as is the case now
95.0%	2	Providing a defined level of services for everyone (either by expanding the current system or creating a new system)

It would be difficult to define a level of services for everyone. A health plan that many people view as “typical” now covers these types of benefits, many of which are subject to copayments and deductibles:

- Preventive Care—screenings, routine physicals, influenza and pneumonia immunizations, well child care, limited dental care
- Physicians’ Care—inpatient services, outpatient surgery, related tests, home and office visits, medical emergency care
- Chiropractic Care
- Maternity Care
- Prescription Drugs
- Hospital/Facility Care—inpatient and outpatient services
- Physical, Occupational, and Speech Therapy

- Mental Health and Substance Abuse—inpatient and outpatient facility and professional care

How would a basic package compare to this “typical” plan?

Of the most frequent answers the group gave, what would you add?

- 1 Comprehensive dental care
- 2 Long-term care
- 3 Hospice/palliative care
- 4 Eye care
- 5 Acupuncture
- 6 Hearing aids
- 7 Home care and equipment
- 8 Education and nutrition
- 9 Alternative modalities to preventive
- 10 Assisted suicide

Of the most frequent answers the group gave, what would you add?

- 1 Specialty care (e.g. cardiologists)
- 2 Measurement of functional health outcomes
- 3 Chronic care management
- 4 Case management (team management approach w/ physician)
- 5 Audiological management
- 6 Choice of licensed provider
- 7 Comprehensive wellness/prevention
- 8 Supervised clinical exercise
- 9 Cognitive therapy
- 10 Electronic medical records

Of the most frequent answers the group gave, what would you take out?

- 1 Chiropractic
- 2 Alter physician care
- 3 Limit prevention aspects
- 4 Prescription drugs

On a scale of 1 (no input) to 10 (exclusive input), how much input should each of the following have in deciding what is in a basic benefit package?

- | | | |
|-----------------|-------|-------------------------------|
| 3 rd | 4.192 | Federal government |
| 4 th | 3.984 | State and/or local government |
| 2 nd | 6.445 | Medical professionals |
| 6 th | 2.542 | Insurance companies |
| 5 th | 3.771 | Employers |
| 1 st | 6.822 | Consumers |

What kinds of difficulties have you had in getting access to health care services? And which of these kinds of difficulties is the most important to address?

- 1 Affordability (e.g. prescription drugs)
- 2 Self-employed cannot afford
- 3 Coverage limitations PPO and Medicare
- 4 Difficulties in case management
- 5 Lack of providers in rural areas
- 6 Too few specialists (esp. mental health and abortion)
- 7 Network inadequacy

- 8 Lack of information or understanding
- 9 Delay in getting insured
- 10 Lack of continuity of care

What kinds of difficulties have you had in getting access to health care services? And which of these kinds of difficulties is the most important to address?

- 1 Parents make too much for CHIP, but not enough for care for children
- 2 Pre-existing conditions
- 3 Providers not taking certain groups (drives up ER usage)
- 4 Symptom management over disease diagnosis
- 5 Lack of payment for tele-health
- 6 Lack of insurance (and too complex)
- 7 Lack of culturally appropriate care
- 8 Language barriers
- 9 Difficulties with Medicare routing
- 10 Difficulties with care for elderly

In getting health care, what is most important to you?

- 1 Access to care
- 2 Timeliness
- 3 Choice
- 4 Privacy of health information
- 5 Quality (evidence-based decisions included)
- 6 No limitations based on cost
- 7 Medical home w/primary care and advisors (no limitations on choice)
- 8 Coordinated care
- 9 Information on providers
- 10 Simplicity

In getting health care, what is most important to you?

- 1 System works for kids as well as adults
- 2 Provider competence
- 3 Equality and fairness in provider reimbursement
- 4 Cradle-to-grave access
- 5 Reliable source of education and information
- 6 Transparency of system (with ability to appeal decisions)
- 7 Decisions driven by patients' health, not other factors (eg cost)
- 8 Same level of care as elected officials
- 9 Incentives for quality in outcomes (e.g. pay for performance)
- 10 Care as a whole, not piecemeal

Should everyone be required to enroll in basic health care coverage - either private or public?

- 75.0% 1 Yes
- 25.0% 2 No

Should some people be responsible for paying more than others?

- 66.0% 1 Yes
- 34.0% 2 No

What criteria should be used for making some people pay more?

- 15.6% 1 None - everyone should pay the same

4.4%	2	Family size
15.6%	3	Health behaviors
56.6%	4	Income
7.8%	5	Other

Should public policy continue to use tax rules to encourage employer-based health insurance?

38.5%	1	Yes
61.5%	2	No

What should the responsibilities of individuals and families be in paying for health care?

5 th	7.480	Everyone participates in the system to the level they can
6 th	7.388	Make informed choices
		Be responsible for your own health care decisions (be willing to pay more for
10 th	6.126	irresponsible decisions)
8 th	7.027	Be involved in decision on how much is being paid for care
4 th	7.500	Partnership with providers
3 rd	7.604	Good health practices
7 th	7.375	Wise use of medical system
9 th	6.819	Every pays something, everybody gets something
12 th	5.161	Pay more out-of-pocket expenses for controllable diseases (e.g. alcoholism)
11 th	5.982	Be more willing to accept the inevitable (end-of-life costs)
1 st	7.802	Provide more feedback to guide reform/change
2 nd	7.744	Assure personal responsibility with follow-through of treatment regimen

How much more would you personally be willing to pay in a year (in premiums, taxes, or through other means) to support efforts that would result in every American having access to affordable, high quality health care coverage and services?

11.9%	1	\$0
15.7%	2	\$1 - \$100
16.7%	3	\$100 - \$299
24.3%	4	\$300 - \$999
25.2%	5	\$1,000 or more
6.2%	6	Don't know

On a scale from 1 (low) to 10 (high), please rate each of the following public spending priorities to reach the goal of health care that works for all Americans.

6 th	6.230	Guaranteeing that there are enough health care providers, especially in areas such as inner cities & rural areas
4 th	6.660	Investing in public health programs to prevent disease, promote healthy lifestyles, and protect the public in the event of epidemics or disasters
1 st	7.883	Guaranteeing that all Americans have health insurance
		Funding the development of computerized health information to improve the quality & efficiency of health care
8 th	5.813	Funding programs that help eliminate problems in access to or quality of care for minorities
5 th	6.492	Funding biomedical & technological research that can lead to advancements in the treatment & prevention of disease
7 th	5.851	Guaranteeing that all Americans get health care when they need it, through public safety net" programs (if they can not afford it)."
2 nd	7.234	
3 rd	6.689	Preserving Medicare & Medicaid

Some believe that fixing the health care system will require tradeoffs from everyone – e.g. hospitals, employers, insurers, consumers, government agencies. What could be done -- and by whom? And which of these trade-offs do you support the most?

- 1 Abandon state health insurance in favor of more federal
- 2 Limit liability (in medical malpractice) in exchange for lower cost
- 3 Give up physician care for midwifery
- 4 Less end-of-life care in exchange for lower cost
- 5 Trade off insurance company involvement for more self-management
- 6 Quantity for quality

If you believe it is important to ensure access to affordable, high quality health care coverage and services for all Americans, which of these proposals would you suggest for doing this? Please rate each of the following proposals on a scale from 1 (low) to 10 (high).

- | | | |
|------------------|-------|---|
| 9 th | 3.766 | Offer uninsured Americans income tax deductions, credits, or other financial assistance to help them purchase of private health insurance on their own. |
| 6 th | 4.606 | Expand state government programs for low-income people (eg. Medicaid & S-CHIP) to provide coverage for more people without health insurance. |
| 10 th | 2.758 | Rely on free-market competition among doctors, hospitals, other health care providers and insurance companies rather than having government define benefits and set prices. |
| 3 rd | 6.626 | Open up enrollment in national federal programs like Medicare or the federal employees' health benefit program |
| 8 th | 3.888 | Expand current tax incentives available to employers & their employees to encourage employers to offer insurance to more workers & families |
| 7 th | 4.299 | Require businesses to offer health insurance to their employees |
| 2 nd | 7.121 | Expand neighborhood health clinics |
| 1 st | 8.060 | Create a national health insurance program, financed by taxpayers, in which all Americans would get their insurance |
| 4 th | 6.263 | Require that all Americans enroll in basic health care coverage, either private or public |
| 5 th | 5.592 | Increase flexibility afforded states in how they use federal funds for state programs (such as Medicaid and S-CHIP) to maximize coverage |

STAYING INVOLVED

Through the Citizens' Health Care Working Group website, we have made it possible for you to stay involved in the discussion – and to encourage others to get involved as well. Visit the website at www.citizenshealthcare.gov and:

- Download a **Community Meeting Kit** to plan a meeting for your family, friends, neighbors and co-workers.
www.citizenshealthcare.gov/community/mtg_kit.php
- Find a list of other cities hosting meetings and spread the word to friends and family in those cities to **Register for a Community Meeting** near them.
www.citizenshealthcare.gov/register
- Add your opinions to three different polls in the **Public Comment Center**
www.citizenshealthcare.gov/speak_out/comment.php
- Read what members of the Working Group and other Americans have to say by following the link on the homepage to the **Citizens' Blogs**.
www.citizenshealthcare.gov
- Share your opinions on the future of health care by creating your own blog by following the link on the homepage to the **Citizens' Blogs**.
www.citizenshealthcare.gov
- Join a growing group of individuals engaging in back-and-forth discussions on the **Discussion Forums** by following the link on the homepage.
www.citizenshealthcare.gov
- Read **Community Meeting Reports** from other cities to see how opinions are shaping up across the country.
www.citizenshealthcare.gov/community/mtng_files/complete.php
- Stay tuned to the homepage for the Citizens' Health Care Working Group **Preliminary Recommendations** (available in early June) and get involved in the 90-day public comment period.
www.citizenshealthcare.gov
- Stay tuned to the homepage for information on the **Final Recommendations** and the schedule of **Congressional hearings** to address those recommendations.
www.citizenshealthcare.gov

If you have additional ideas on how to get others involved, we would love to hear them. Please contact Jessica Federer at 301-443-1521 or jessica.federer@ahrq.hhs.gov.